



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Social Services

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JANE SWIFT
Governor

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ROBERT P. GITTENS
Secretary

♦
LEWIS H. SPENCE
Commissioner

April 24, 2002

Dear Representative/Senator:

In my last two letters to you, I've described the impact of the last four months of layoffs, early retirements and personnel freezes on the Department's current capacity to fulfill its obligation to protect the children of the Commonwealth. Just a few days ago, the Governor and the leadership of the Legislature agreed to a strategy to resolve the remaining FY'02 budget issues, including an intention to restore the Department's laid-off social workers. We at the Department are extremely grateful for the commitment of your leadership to restoring our social work staff, and are hopeful that this can be accomplished quickly.

Nonetheless, enormous issues loom in the budget deliberations for next fiscal year. Today, as you approach your initial decisions on the FY '03 budget, I'd like to offer you a view of the strategic direction that the Department hopes to take going forward, to greatly strengthen its protection to children and its service to families. This letter presents the Department's strategic direction on three parts: 1) the letter will describe the principles that underlie our strategic vision; 2) it will summarize the five key strategies we intend to undertake to make Massachusetts' child protection system the best in the nation; and 3) the letter will suggest how the fundamental changes the Department expects to implement can support a new public accountability system for the Department. There are innumerable important issues—from social worker licensure to accelerating adoptions to foster family recruitment, to name a few—that are not discussed in this overview. I ask your understanding that a letter of this length can only provide a framework, not a work plan, for the work of the Department.

I realize that the Department has had a difficult and frequently controversial history. I do not ask that you restore the Department's budget, including administrative staffing, simply to restore the *status quo*. I want to offer, rather, that with sufficient resources we could restore previous levels of protection to children, *and commence a process of strategic change to consistently improve child protection services in Massachusetts in order to make Massachusetts' child welfare system the best in the country*. I want to describe to you the basic building blocks of that strategic plan and the steps we have already begun to take to initiate the process of strategic change.

Over the last four months that I have served as Commissioner, I have engaged in intense discussions with Department staff at all levels and throughout the state, with parents, foster families, providers and advocates, with the Department's union representatives and with national child welfare leaders, with other Human Services departments and with local officials and community representatives, and, of course, with legislators. I have engaged in those discussions in order to develop a strategic direction for the Department that has the support of all of those who must share in making it a reality. In the course of those discussions, I have formulated five key strategies the Department must undertake to make Massachusetts' children safer. This letter describes those strategies and the rationale that underlies them, so that you will know the direction that the Department is taking, and to invite your further reaction, critique and modification to that direction.

I have been enormously impressed by the deep dedication of the Department's staff and of all of the child welfare community to the intensely difficult and sometimes dangerous task of child protection. But I am also acutely aware of the many opportunities that lie almost within our grasp to greatly improve the quality of our work and our service to children and families. It is the fear and frustration that those opportunities might escape us at this critical moment that most alarms me. I hope when you finish this letter you will understand why, and that you will share my determination to seize the opportunities to better protect and heal Massachusetts' most vulnerable children.

A Few Basic Principles

Eight basic principles underlie the strategic direction that we are putting together at the Department:

- 1) The Department is responsible for children who have suffered a severe violation in the most fundamental developmental love relationship, the family. We must protect these children; and if they are to heal and not recapitulate the cycle of abuse or neglect, we must intervene to help them experience at least one sustained and

trustworthy love relationship with an adult. For this work, our most valued partners are our biological families, our foster families and our adoptive families.

- 2) We enter into the lives of adults in their most tender and vulnerable place: around the adequacy of their parenting. Nothing is more threatening to the sense of well being of most adults than the charge that they are not adequately caring for their children. Even small errors and insensitivities in this painfully sensitive place reverberate hugely. Our work will therefore always be controversial, and the responsibility to do it to the highest professional standards is inescapable.
- 3) We cannot treat kids outside of the context of the family. Either the family must be supported to become a safer place for the child; or in the instances where that is impossible, the child must develop a secure relation with a foster or adoptive family.
- 4) The extended family is not dead; we in government just haven't asked them to help. Recently, we in child welfare have been learning that when we do ask the extended family (both kin and significant others) to help, we often find solutions to what seemed insoluble problems before, when we were dealing with the nuclear family alone.
- 5) If we can intervene with families in distress early enough, we often can prevent the breakup of the family, and keep kids out of much more expensive and isolating acute care and residential settings.
- 6) The Department is like a huge foster family: we can provide protection, basic diagnosis and custodial care for children. But like a foster family, we cannot care for our kids unless we can access the expert supports available at DMH, DPH, in school systems, courts and elsewhere. COLLABORATION is the key to our doing our job.
- 7) We entrust the basic work of ensuring the safety of children to individual social workers, generally between the ages of 23 and 30, with an average tenure in the Department of 1 year and 11 months, and one month of training. We ask them, with only one set of eyes and ears, to observe each of at least 18 families for a few hours each month, often in circumstances of considerable tension and even danger. We require that they then predict the future behavior of that family, and make gut-wrenching, life-shaping decisions on the basis of those scant observations. They live with the constant knowledge that if they are wrong, a child may die, and they will be fired and publicly excoriated. If we are to ask them to improve the quality of their decision-making and of their interactions with families, we must provide them with ongoing staff development of the highest quality, and make them feel less isolated, more supported, and safer in making their inherently risky decisions.

- 8) We must achieve our strategic goals for the Department without significantly increasing the burden on state and local resources.

You probably will not find any of these principles by themselves to be surprising or controversial. But several of them focus on critical factors in the child welfare system that have not received the attention they require in recent years. Together, they drive a strategic vision for the Department that will fundamentally alter the way we do child welfare work in Massachusetts. I believe that this strategic vision will ultimately make the Department more humane in its dealing with families, more effective in protecting and healing children, and a greater contributor to the development of healthy communities around the state.

Let me next describe the five key strategies that form our strategic vision for the Department.

FIVE KEY STRATEGIES FOR MASSACHUSETTS' CHILDREN

I. Create a statewide “community of practice” that strengthens child welfare practice in each of the Department’s 29 Area Offices.

Historically, the 29 Area Offices of the Department of Social Services have conducted their work in widely varying ways. Some of this variation is appropriate customization to local circumstances—Pittsfield is very different from Lawrence or New Bedford. But some of this variation is due to variations in the quality of child welfare practice, and simply reflects idiosyncratic practice based on history, office culture and leadership.

These variations in the quality of practice are the cause of much of the controversy about the Department’s work. It is true that child welfare work is inherently controversial, since it challenges parents around their most vulnerable place—the quality of their parenting. But it is also true that in every one of the Department’s six regions, there is at least one Area Office, and frequently more, that are held in high regard in their local community, because they do this inherently controversial work to such a high standard of professionalism and practice. The challenge for the Department is to raise the standard of practice in *every* Area Office to a level that enlists the respect and support of the entire community. Then the entire Department will deserve the support and respect of everyone, because of the outstanding way in which it serves children and families.

To achieve a high standard of practice throughout the state, the Department needs to commit to an ethic of continuous improvement in all its work. In a continuous

improvement model, the Department would ask every Area Office to analyze its child welfare practice to identify its areas of strength and weakness. On an annual basis, based on a comprehensive review of practice, each Area Office would define what steps it would take to improve its practice in areas defined as needing improvement.

The Department has begun to develop sophisticated measures to allow each Area Office to analyze the quality of its work. These measures of performance use a sophisticated statistical technique known as "cohort analysis" to better measure performance over time. With a grant from the Casey Family Programs, the Department is developing the capacity to do cohort analysis for several of its key performance measures. I have recently approached the Casey Family Programs to ask for their support to develop additional key performance measures utilizing cohort analysis for application across the state.

Once an array of performance measures is developed and implemented, each Area Office will be able to clearly identify the topics on which it needs to focus its staff development and program development. At the present time, the Department spends roughly \$400,000 a year on staff development, almost all of it dedicated to the initial one month training program for new social workers. In order to undertake ongoing comprehensive staff development, the Department will need to dramatically increase its training budget. That hardly seems a likely goal in the current era of cutbacks and plummeting revenues.

Fortunately, there are federal child welfare training funds that Massachusetts can receive, if it takes the necessary steps to qualify for them. Sadly, Massachusetts is reportedly one of only three states, which do not receive federal Title IVE child welfare training funds. An effort a few years ago to make Massachusetts eligible died due to a number of political and institutional problems. To give you some sense of the possible scale of federal funding in this area, you should know that Maine receives \$16 million annually in Title IVE training funds.

Making Massachusetts eligible for Title IVE federal training funds should be our first deliverable in support of this key strategy. We are in discussions with the public institutions of higher education that must participate in the program under federal requirements, and have discussed our plan with staff of House and Senate Ways and Means Committees, and hope to move ahead quickly on this task. In the meantime, we have received a report from the nation's leading expert on Title IVE funding, provided at the expense of the Casey Foundation, to guide our efforts with respect to all claims for federal Title IVE dollars. Based on Maine's example, I am hopeful that within a short time we might be able to increase our staff development funding from its current \$400,000 annually to millions of dollars annually. Appropriately applied, this level of funding would have a dramatic impact in the quality of child welfare work in Massachusetts.

While we focus on developing performance measurement and self-assessment tools for all Area Offices and pursue eligibility for federal child welfare training funds, we are also proposing to reexamine the fundamental work processes used for child protection services in Massachusetts and around the nation. We have had considerable discussion with the Casey Family Programs about supporting an effort in Massachusetts to apply new organizational learning about teaming to child welfare work. Child welfare work in this state and elsewhere is based on a decades old model that requires child protection workers to work largely in isolation, based on historic social work models. In recent years, organizational research and theory has consistently demonstrated the value of teaming to improving the quality of decision-making in every industry. In collaboration with faculty from the Harvard Business School we are proposing to apply that theory to the work of the Department in Massachusetts.

It is too early to define in any detail how the application of team concepts would alter the fundamental processes of child welfare work in Massachusetts. But suffice it to say that not only many of our staff, but also national leaders in child welfare, have expressed a great deal of excitement about the possibilities that teaming offers to dramatically strengthen the role of child welfare in the lives of children and families. I will be happy to share our developing thinking on this as we proceed to explore the concept.

II. Expand the community-based “continuum of care” in communities around the Commonwealth by creating a single point of entry for families needing help with their children.

Services in Massachusetts for troubled and distressed children are sharply criticized on two fronts:

- 1) The lack of coordination of publicly funded services for distressed children drives families and communities to frustration. Financial competition among state and local arms of government forces families in need of services to bounce among multiple agencies, and to suffer from uncoordinated provision of services to children and families; and,
- 2) Massachusetts relies extensively on residential care in hospitals and residential schools to care for its distressed children, although residential care is both the most expensive form of care, and is shown by research to be the least effective form of care for such children.

These two criticisms have both resulted historically from the lack of coordination among the major providers' services for distressed children: DSS, DMH, DMA and the schools

(through special education). In recent years, coordination among the three state agencies has significantly improved, and demonstration projects in Cambridge/Somerville and Worcester have demonstrated the crucial value of coordination to serving troubled children better. These two models both begin to address both historic criticisms by 1) providing a single point of entry for families and 2) by coordinating services in the community to allow distressed children to remain in the community in their biological family, in foster families or in group homes.

EOHHS, together with DMH, DMA and DSS, is anxious to expand these successful model efforts to other cities, and to increase their effectiveness by dramatically deepening the collaboration with the fourth major funder of services for distressed child, the schools. With the support of the Secretary and my fellow commissioners in DMH and DMA, I have been engaged in extensive discussions with some of the state's key urban school superintendents to explore the ways we might bring schools into the collaborative model that is developing. We are discussing how we might join together to increase community placements and reduce our reliance on long term stays in residential programs (short term stays would still be essential for many distressed children for intensive intervention and stabilization). This should help us to stabilize or even eventually reduce residential expenditures and greatly improve services for these children and their families.

In this way, it is our goal at the Department to expand our collaborative efforts with our sister state agencies and with schools to the state's twenty largest cities over the next several years. The great majority of the children and families we serve could thus have coordinated, community-based services within a few years.

III. Develop the Department's capacity to address the enormous impact of substance abuse on the families of children we serve.

In Massachusetts and around the nation, it is estimated that some 75-80% of the families involved in the child welfare system are involved in some form of substance abuse. Alcohol abuse is the most prevalent form of substance abuse in our families, but drug use is also widespread. Frequently, substance abuse co-occurs with domestic violence, making these children doubly victimized. In general, child welfare systems around the nation have only just begun to come to grips with the enormous impact of substance abuse on children, and Massachusetts is no exception. The federal government is currently establishing a National Center on Substance Abuse and Child Welfare in recognition of how important this issue long neglected issue is to the protection of children. In spite of the horrific statistics, the Department has only two substance abuse specialists on staff.

The Department has to develop far greater capacity to identify substance abuse in families and to intervene effectively to protect children. As substance abuse among women has increased, we have not kept pace in designing and providing interventions that can support family stabilization and reunification. I will soon be meeting with the director of substance abuse programs for a major national foundation to discuss philanthropic support for the Department to design, implement, evaluate and expand effective interventions for family stabilization and reunification where substance abuse is a factor. In addition, I have met with Commissioner Koh of the Department of Public Health to identify ways in which we might better coordinate our work with families affected by substance abuse, to advance family stabilization and reunification.

It is my hope that we could develop appropriate models during the current period of financial contraction, so that we might demonstrate their value and expand them in a time when revenues rebound.

IV. Develop more effective approaches to Children in Need of Services (CHINS)

The CHINS system is a source of frustration to all who deal with it: parents, schools, service and youth agencies, the courts and the Departments of Social Services and Youth Services. There have been innumerable task forces in this state and others over the years to address the unsatisfactory state of programs for “predelinquent” children. None seems to have made much headway in addressing the problem.

But a recent breakthrough in working with families in the Department (and in some other states and communities) suggests a hopeful direction for CHINS. In the last two years, the Department has discovered the enormous resource that the extended family can be in addressing seemingly hopeless situations with children and families. Through a new way of involving extended families in family problem solving, called Family Group Conferencing, the Department has learned that seemingly intractable family problems can be solved when we invite the extended family in to help with the problems.

In Family Group Conferencing, the Department interviews a family with which it has become involved to identify all the extended family, both relatives and “significant others” (friends, teachers, church leaders, etc.). With the permission of the family, the Department contacts all of this extended family to invite them to a Family Group Conference. Staff then present to the extended family the challenges the nuclear family faces that threaten the safety of the children, and ask the extended family, without staff present, to develop a plan to address these challenges.

Staff who have been involved in Family Group Conferencing express excitement and satisfaction at how effective these interventions are proving to be. As many as 40% of these cases effectively resolve themselves without further extensive Departmental involvement. Even when continued Departmental involvement is required, staff estimate that the Department's involvement is reduced by six months to a year. While not all family situations are amenable to the Family Group Conferencing approach, and the amount of staff time required to prepare for a Family Group Conference is considerable, we have clearly discovered an approach whose effectiveness and applicability we have only just begun to explore.

This experience holds a great deal of promise for CHINS cases. The CHINS law tends to address the issues of "predelinquent" youth as though they could be treated in isolation from the family. Much of the frustration that the system experiences in dealing with CHINS youth stems from this fundamental conceptual flaw. The courts that have dealt most successfully with CHINS cases are those that have worked (often with the Department) to establish diversion programs that work not just with the young person, but also with the entire family. The Family Group Conferencing model holds still greater promise for addressing the needs of these youth and their families, working in collaboration with the courts and probation.

We intend to explore ways in which Family Group Conferencing might be adapted to address the issues that are so intractable or elusive in the existing CHINS structure. This may ultimately lead to new approaches for "Families in Need of Services" that could in time be incorporated into law.

V. Review and improve the Department's purchase of services.

In FY02, roughly two thirds of the Department's annual budget was used to purchase services from nonprofit and for profit providers. The Department's own staff provide essential services to children, including initial investigation of 51A complaints, assessment, and ongoing monitoring of children and families, including decisions to seek care and protection of a child, to place a child and to seek adoption for a child. Nonetheless, the core services to care for and heal abused and neglected children and many services to support families are offered through private providers.

The Department has not reexamined its purchase of service system in some years. It is time. We are initiating a six-month review of our procurement system, and have asked providers to assist us in that review. In addition, we have formed a panel of outside experts to review our process, our progress and our findings to ensure that we are asking the right questions and answering them well.

Through this procurement review and the actions that stem from it, we hope to ensure that there is proper coordination between the public and private components of the child welfare system. If children and families are to be better served, there must be deep integration of these complementary systems, with mutual accountability to ensure that all aspects of the system are pressing and being pressed to do their best possible work.

**IMPROVING MASSACHUSETTS' CHILD WELFARE SYSTEM:
IMPLICATIONS FOR THE DEPARTMENT'S PUBLIC ACCOUNTABILITY
SYSTEM**

I have tried to briefly summarize the five key strategies that the Department intends to pursue in order to make Massachusetts' child protection system the best in the nation. The length of this letter does not allow the kind of discussion of these strategies that would allow us to genuinely explore together these critical issues for children. I hope I will have a chance to have that discussion with you face to face someday.

Nonetheless, I offer this strategic summary to you in pursuit of a sound and effective public accountability system for the Department. We could produce and publish a lengthy strategic plan, but such plans are rarely read outside a small circle of knowledgeable activists. I hope this letter is brief and clear enough that you feel comfortable reading it and reacting to it, and that you will share your reactions with me. In this way, we can subject the Department's plans to a productive public accountability process, outlining in the full light of day the philosophy and strategic approaches we intend to pursue.

But it is not just in sharing the strategic plan with you that I hope to improve the Department's public accountability process; the plan itself is also intended to modernize and greatly strengthen the Department's public accountability process. I believe that the Department and the children it is charged with protecting both suffer from a public accountability process that is antiquated, deeply flawed, and increases, rather than reduces, danger to children. With this strategic plan, we hope to put in place the elements of a new process for public accountability that is consistent with all we know about handling fatalities in care-giving institutions, and that will actually increase the safety of children in the Department's care.

In attempting to revise and update the Department's public accountability system, we are drawing on the experience of the medical profession in dealing with fatalities in hospitals. Historically, the public accountability system for hospitals sought to reduce fatalities by investigating patient deaths, determining whose error had contributed to the death, and appropriately sanctioning the person(s) who had committed the error. In recent years, the

public and the medical profession have come to understand that this system of public accountability actually reduced safety for patients, rather than increasing it. In place of this “error and blame” based system of public accountability for hospitals, health care specialists have introduced a system based on continuous review and improvement of practice. This system recognizes that negligence needs to be sanctioned, but that ordinary human error is a fact of existence. The task of hospitals, and other similar care-giving institutions, is to create a culture in which it is safe to identify and acknowledge error, in order to do the organizational learning necessary to reduce the chance that inevitable future human error will result in harm to a patient.

Historically, the process of public accountability for the Department mirrors the old system of public accountability in medical care, and has focused almost exclusively on deaths of children in the Department’s custody. This system of public accountability has sought to demand competence of the Department by inquiring into the circumstances of any child’s death, and requiring that the Department make a public accounting of any errors in the management of the child’s case. The Department is then expected to take appropriate personnel action against any worker whose errors have contributed to a child’s death. In Massachusetts, as across the nation, we have all observed this public accountability process at work over the course of the past two decades.

Like the historic approach to hospital fatalities, the public accountability system for child welfare actually reduces the Department’s ability to make children safe. This antiquated public accountability system gives vent to the public’s outrage that a child died. But it teaches the Department and its staff to be risk-averse, to deny error and to engage in classic compliance and “CYA” activity that actually impedes the development of organizational learning and systemic improvement that would increase children’s safety.

If the Department is ever to systematically improve both safety and services for children, it must learn from the research on successful approaches to increasing patient safety in medical practice and on the research on industrial safety in “high reliability” organizations. The Department must first recognize and acknowledge error and failure, and take appropriate steps to improve practice at both the individual level and as a system. It must never excuse negligence, but the myth that human error can be eliminated actually perpetuates human error by preventing the creation of a culture of continuous improvement and learning. To increase safety for children in Massachusetts, we must develop a new system of public accountability for those occasions when tragedy brings error to the attention of the public. Such a system would require the Department to engage in a process of continuous learning to improve its protection of children, rather than requiring that the Department identify a guilty party and punish that person.

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It is my hope that, with your support, we can put in place in the Department a set of diagnostic performance measures and self-assessment practices for each Area Office that will support continuous improvement in practice. Once in place, those structures offer the public an alternative to its customary accountability system: in the event of a death or other breach of safety for a child, a determination would be made whether the event had occurred as a result of negligence. If so, appropriate personnel action would be taken. But if not, then the burden would be on the leadership of the Department and of the particular Area Office to demonstrate, not that there is "error free" practice, but rather that the Department and the Area Office are taking systematic and appropriate steps to improve practice, reduce error and establish systems that diminish the likelihood that the inevitable error will lead to harm to a child.

I am certain that if we can establish such a culture of continuous learning, and can discard an antiquated accountability system that is based on the fiction that error can be eliminated, we can make the Massachusetts Department of Social Services the best child welfare system in the nation. If we do, we will far better protect and heal the thousands of victims of child abuse and neglect in this state.

I thank you for taking the time to read this letter. If you have reactions or questions concerning the proposed strategic direction, please feel free to contact me. We will benefit greatly from your feedback.

In the meantime, whether you agree with every element of the strategy or no, I hope you are confident that this is a Department that is seeking to rethink its processes and to aggressively pursue a course of dramatic improvement. On the basis of that confidence, I hope you will support the full restoration of the Department in the FY03 budget, so that we can provide Massachusetts' children the protection and care they deserve.

Sincerely,

Lewis H. Spence
Commissioner

cc: Governor Jane Swift
Secretary Robert Gittens, EOHHS